

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
10/ 196356

FILING DATE  
6-9-8

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		3		1		
5	1			1		
6		8		1		
7	1			1		
8		1		1		
9	1			1		
10		1		1		
11		1		1		
12	1			1		
13		1		1		
14		1		1		
15		1		1		
16	1			1		
17	1			1		
18	1			1		
19	1		1			
20	1		1			
21	1			1		
22	1			1		
23	1			1		
24	1			1		
25	1			1		
26	1			1		
27	2			1		
28	2			1		
29	1			1		
30	1			1		
31	1			1		
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48						
49						
50						
TOTAL IND.	6		3			
TOTAL DEP.	39	←	25	←	←	←
TOTAL CLAIMS	45		28			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.					↓	↓
TOTAL DEP.					←	←
TOTAL CLAIMS					←	←